

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097555275		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		3		/			54				
5		0		/			55				
6		0		/			56				
7		0		/			57				
8		0		/			58				
9		0		/			59				
10		0		/			60				
11		0		/			61				
12		0		/			62				
13		0		/			63				
14		0		/			64				
15		0		/			65				
16		0		/			66				
17		0		/			67				
18		0		/			68				
19		0		/			69				
20		0		/			70				
21	/		/				71				
22		/		/			72				
23		2		/			73				
24		0		/			74				
25		/		/			75				
26		/		/			76				
27		0		/			77				
28		0		/			78				
29		0		/			79				
30		0		/			80				
31		0		/			81				
32		0		/			82				
33		0		/			83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	26		31				TOTAL DEP.				
TOTAL CLAIMS	28		33				TOTAL CLAIMS				